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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 221782

1. Corporation Name
JARDINE MACNEILL, INC.

Principal Place of Business	Mailing Address
9690 N.W. 41ST STREET P.O. BOX 52-5100 MIAMI FL 33178	9690 N.W. 41ST STREET P.O. BOX 52-5100 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/25/1959	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0861097	Applied For Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGAN, THOMAS B.
9690 NW 41ST ST
MIAMI FL 33178

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	☐ DELETE	1.1 TITLE	Chairman (C)	☐ Change ☐ Addition
NAME	ROGAN, THOMAS B		1.2 NAME		
STREET ADDRESS	9690 N.W. 41ST ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, RONALD A		2.2 NAME		
STREET ADDRESS	9690 NW 41ST ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	President (P)	☐ Change ☐ Addition
NAME	BULLINGTON, DOUGLAS		3.2 NAME		
STREET ADDRESS	4690 NW 41ST ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GERALD, PAMELA		4.2 NAME		
STREET ADDRESS	9690 NW 41ST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRANCO, MARY M		5.2 NAME		
STREET ADDRESS	485 DEVON PARK DRIVE, STE. 115		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE CA PA		5.4 CITY-ST-ZIP	WAYNE, PA 19087	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas B Rogan Director — 3/12/99 — 610-688-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #